

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	1					
19						
20						
21						
22						
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26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37	1					
38						
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40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		1				
53						
54						
55		5				
56		5				
57		5				
58		1				
59						
60		1				
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96						
97						
98						
99						
100						
TOTAL IND.	9					
TOTAL DEP.		108				
TOTAL CLAIMS	110					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS